

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 2			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: FOX HILL II, INC.			
Address: 3333 NEW HYDE PARK ROAD			
City: NEW HYDE PARK	State: NY	ZIP: 11042	
Contact: LANCE TUCKRUSKYE			Tel: 516-546-2460
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE			Tel: (516)781-3000
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name:			
Address: 2875 RICHMOND AVENUE			
Address:			
City: STATEN ISLAND	State: NY	County: RICHMOND	
Site Location:			
Building Size:	SqMeter:	SqFt: 50,000	# of Floors: 1
Age in Years: 75			
Present Use: VACANT		Prior Use: COMMERCIAL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I Category II	
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	VAT & MASTIC	38,000	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 9/7/2016	Completion: 8/31/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup

XII. WASTE TRANSPORTER #1

Name: TRI-STATE TRANSFER ASSOC., INC.

Address: 1199 RANDALL AVENUE

City: BRONX

State: NY

ZIP: 10474

Contact Person: DANNY

Telephone: (718)617-0771

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: MINERVA ENTERPRISES, INC.

Address: 9000 MINERVA ROAD

City: WAYNESBURG

State: OH

ZIP: 44688

Telephone: (330)866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

PETER GRANDE

8/25/2016

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PETER GRANDE

8/25/2016

Signature of Owner/Operator

Date